

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Michelle

Full Name (Last, First, Middle Initial) Daniel A. Ivey-Soto		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2013
Mailing Address 1420 Carlisle Blvd NE Ste 208		Transaction ID : C9710599
City Albuquerque	State NM	Zip Code 87110-5662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) David J. Jaramillo		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 21 / 2013
Mailing Address 1309 Roma Ave NE		Transaction ID : C9684941
City Albuquerque	State NM	Zip Code 87106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Jaramillo Touchet	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Jonathan R Jaramillo		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 04 / 2013
Mailing Address 1112 Bona Terra PL NW		Transaction ID : C9680401
City Albuquerque	State NM	Zip Code 87114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer New York Life Insurance Company - New	Occupation Managing Partner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	5600.00
TOTAL This Period (last page this line number only).....	